

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90111 003 ***150.00

DOCUMENT # J97110
 1. Entity Name
LAWRENCE W. GOUGH, INC.

Principal Place of Business 3389 CYPRESS GARDENS ROAD WINTER HAVEN FL 33884 US	Mailing Address P. O. BOX 391 WINTER HAVEN FL 33882 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0433336	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**LAWRENCE GOUGH
 3389 CYPRESS GARDENS ROAD
 WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> Delete
NAME	FITZPATRICK, ALBERT	
STREET ADDRESS	3 FRANKLIN ST	
CITY-ST-ZIP	HOULTON ME	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZPATRICK, FRANCIS J.	
STREET ADDRESS	FOXCROFT RD.	
CITY-ST-ZIP	HOULTON ME	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOOD, THOMAS L.	
STREET ADDRESS	FLETCHER RD.	
CITY-ST-ZIP	MONTICELLO ME	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GOUGH, LAWRENCE W.	
STREET ADDRESS	RR#4, BOX 1140	
CITY-ST-ZIP	HOULTON ME	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOUGH, MICHAEL	
STREET ADDRESS	RR#1, BOX 41	
CITY-ST-ZIP	HOULTON ME 04730	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fitzpatrick, Albert	
STREET ADDRESS	3 Sugar loaf St.	
CITY-ST-ZIP	Houlton, ME 04730	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fitzpatrick Francis	
STREET ADDRESS	134 Smith Rd.	
CITY-ST-ZIP	Houlton, ME 04730	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Good, Thomas L.	
STREET ADDRESS	462 Fletcher Rd	
CITY-ST-ZIP	Monticello, ME 04730	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gough, Lawrence W.	
STREET ADDRESS	148 Walker Rd.	
CITY-ST-ZIP	Hodgdon, ME 04730	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gough Michael	
STREET ADDRESS	741 County Rd.	
CITY-ST-ZIP	New Limerick, ME 04761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence W. Gough **4-29-02** **207-532-2267**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)